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CURRENT CORRESPONDE	NCE ADDRESS (Noic; Use Ble	ock I for any change of address)	Fee	e: A certificate of mailing (s) Transmittal. This certifiers. Each additional paper, e its own certificate of mai	icate cannot be used for a , such as an assignment o	ny other accompanying	
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GE HEALTHC	ARE, INC. IT 101 CARNEGII	OP	A P I he Sta add trau	Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
	•	( MAR 1	5 2011 այ 🗌	Lies All	aire	(Depositor's name)	
		\BA	<i>E</i> / [	Son les	lane.	(Signature)	
		SATE IN	ADEMARK	MARCH	5,2011	(Dute)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	93/15/729	RNEY DOGKET NO 3999	ONERMATION NO.3618	
10/536,482 10/31/2005 Ragnar Bendiksen PN0299 1510.09 DA 151LE OF INVENTION: ULTRASOUND TRIGGERING METHOD TO REDUCE CARDIAC ARRHYTHMIA 02 FC:1504 390.09 DA							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/17/2011	
EXAMINER ART UNIT		CLASS-SUBCLASS	J				
CHENG, JACQUELINE		3777	600-458000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
(A) NAME OF ASSIG	ess an assignee is identi in 37 CFR 3.11. Comp NEE FEAL THO A	fied below, no assignee eletion of this form is NO	data will appear on the Ta substitute for filing an (B) RESIDENCE: (CIT	hatent. If an assignee is id assignment.  (and STATE OR COUNT	RY) NORINAI		
Please check the appropria	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual Corporati	on or other private group	entity LJ Government	
4a. The following fee(s) as U issee Fee Publication Fee (No Advance Order - #	small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502665 (enclose an extra copy of this form).				
5. Change in Entity State  a. Applicant claims		-	☐ b. Applicant is no lot	ger claiming SMALL ENT	TITY status. See 37 CFR	1.27(g)(2).	
				the applicant; a registered a			
Authorized Signature	Robert	F. Chist	holm	Date	39,939	011	
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